

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of Thatcher
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
County Registrar No. _____
Local Registrar No. 78

2. Full name of child Hawthorn

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth 6-10-26
Month Day Year

8. FATHER
Full name Benjamin H. Burnett

14. MOTHER
Full maiden name Dulona Woody

9. Residence (Usual place of abode)
If non-resident, give place and state. Thatcher

15. Residence (Usual place of abode)
If non-resident, give place and state. Thatcher

10. Color or race White 11. Age at last birthday 25 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place)
(State or country) Oklahoma

18. Birthplace (city or place)
(State or country) Arizona

13. Occupation
Nature of Industry Plasterer

19. Occupation
Nature of Industry Home mfg

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 25
(c) Stillborn 107

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 49 m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. E. Platt
Address Thatcher (Physician or midwife).

Given name added from a supplemental report _____ Filed July 8, 1926
Month, day, year

823-60-448

Registrar

Filed _____, 19____

H. B. Stallon Local Registrar.

County Registrar.